

Magnolia Reviews of Texas, LLC

PO Box 348
Melissa, TX 75454*
Phone 972-837-1209
Fax 972-692-6837

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: X

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

X

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

X

Provide a description of the review outcome that clearly states whether **medical necessity exists** for **each** of the health care services in dispute.

PATIENT CLINICAL HISTORY [SUMMARY]:

This case involves a X. The mechanism of injury was detailed as X. The patient has been diagnosed with X. The submitted documentation does not detail any X. A progress note dated X indicated the patient was seen for X. The documentation detailed this patient was X. X scored a X. The documentation indicated the patient has had a X. The documentation indicated X. The patient did explain that X. The patient has X. It has been recommended that X continue with X. Additional appeal information detailed the patient X. The documentation indicated this patient has been recommended to X.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:

According to the referenced Official Disability Guidelines the patient may participate in X. The documentation does indicate this patient has X.

Therefore, as the submitted documentation does not indicate the patient has X, the requested X is medically necessary therefore, the prior denial is overturned.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

**XODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES,
Mental Illness and Stress, Psychotherapy for major depressive disorder**